



Please don't put me in aged care

Health editor

Jill Margo



As Australia ages, numerous health services have popped up to help people stay at home rather than move into residential care.

Most of these services provide nursing, personal and domestic help. They provide the "arms and legs" for the tasks the aged person can no longer perform alone.

Now there's a smart service that takes this to a new level. It provides arms, legs and brain. It's been established at a time when the first tranche of baby boomers is turning 70 and is culturally averse to the prospect of residential care.

Called National Care Management, it provides all the standard services but with medical and financial oversight.

It was founded by a couple of former management consultants who once worked together at Bain & Co, and a geriatrician with 30 years of experience.

The company takes an overall view of a client's situation and the family's circumstances. The aim is to improve their quality of life, reduce hospital admissions and make it financially feasible to avoid residential care.

"We provide the equivalent of a project manager who is fully focused on managing the client," says Peter Hanley, managing director and co-founder of the company.

"Our care managers, who are all health professionals, give clients their mobile numbers. Unlike other services, each manager has a low case load, capped at 20 clients each."

They help clients and their family navigate the complex health system to ensure they get access to the right care and correct diagnostic and support services. The manager attends medical appointments with the client, collaborates with doctors, organises all the services and communicates with all parties involved in the person's care.

While the gaps in healthcare are filled, the company also uses the latest

aids and technologies to support the safety and independence of the client at home.

Devices such as personal emergency response systems, technology to manage medication, sensor mats next to the bed for those at high risk of falling and wrist watches with GPS for clients who tend to wander, can be provided.

National Care Management is designed for those who are ageing or those with complex chronic disease or disability.

Their social and emotional wellbeing is taken into account too and, if appropriate, activities that can provide a sense of purpose and engagement are organised.

Regular arms and legs services are organised through a central pool and where possible funding from private health insurance and government sources is obtained.

We provide the equivalent of a project manager who is fully focused on managing the client.

Peter Hanley, National Care Management

Hanley, who has a PhD in immunology and is a former head of strategy for Macquarie Bank, says the company investigates government-subsidised services and negotiates the lowest cost private options, in some cases more than covering its own management fees.

At present, the company has negotiated with two private health

insurers to cover its management fees for six months for eligible clients.

If it's useful, clients are connected with financial, legal and estate planning advice too.

The service starts with a 12-week introduction, costing just under \$200 a week. In this time, issues are identified and a plan is drawn.

A support program is then put in place to allow the family to judge whether it makes a significant difference.

Hanley says most families continue with the service on a month-to-month basis, for a management fee of \$690 per month. This does not include services and medical consultations.

During a stint at Bain, Hanley worked with Gavin Solsky before they both went their separate ways.

A couple of years ago, the two got together with Tuly Rosenfeld, an

Staying home ... you need to protect against residential care becoming the default option.
PHOTO: ISTOCK

associate professor and senior specialist in geriatric medicine at Sydney's Prince of Wales Hospital who is also an experienced adviser in health policy development.

They researched models of aged care used in other countries, produced a white paper and built their own model using international best practice and published evidence from Australian geriatricians.

The white paper shows this new approach benefits the client, the family and the public health system.

It significantly reduces the clients' functional decline, delays or prevents admission to residential care, reduces avoidable hospital admissions and a rebound to hospital following discharge.

The evidence supports early intervention and the importance of putting a fence at the top of the proverbial cliff rather than placing an ambulance at the bottom of it.

But families have to weigh the costs. They have to choose between supporting their loved one at home against the price of residential care. There are tangible and intangible costs.

Admission to residential care can typically cost \$500,000 plus ongoing fees. Emotionally, the issues are more complex.

Brendan Browner, client services manager for the company, notes that placing a loved one in residential care can happen unintentionally, against everyone's best wishes.

Typically an exhausted primary carer will burn out, leaving a vacuum. With nowhere to turn, the family defaults to residential care.

The solution is to assess the situation early and use services to prevent burnout.

Then there are families that manage until a medical crisis hits. With no appropriate care in place, the person defaults to hospital or residential care.

Browner says there are families who are unable to override the wishes of a parent suffering dementia.

The ageing father insists he is OK and doesn't need help, despite falling or wetting the bed.

This can be heart-wrenching and the family may throw up its arms: "If he doesn't want it, it can't be done."

But unless the family steps up, Browner says, the man will inevitably end up in a nursing home.

Sometimes neither the client nor the family are sure what form of care is best. The company offers to take them through a process of informed discovery so they can make a decision.

Caring for mum from afar

When his mother fell ill in Sydney last year, Atsushi Shibaoka was faced with a dilemma.

As an expat Australian living in Singapore with his family, he couldn't return to Sydney permanently and his mother, Miyo, was too ill to travel to him.

His father had passed away the year before and there was no one left to look after her. At 89, she was becoming forgetful and her fluency in English was diminishing.

She had been diagnosed with pancreatic cancer and Shibaoka, an Anglican priest, wasn't sure what to do.

He investigated residential care but it was not an option for several

reasons, including the high cost for someone with a very short life expectancy.

Then a social worker suggested National Care Management because of its speed in accessing quality care through the usual routes of the healthcare system.

It offered to manage her care at home and co-ordinate her medical care. Shibaoka tried it and found he was able to communicate constantly with her care manager.

He says her carers speak fluent Japanese, have insight into her culture, prepare Japanese meals and arrange activities.

"As an only child, I need to trust I am getting reliable information and I need the

peace of mind that the quality of the care is excellent."

He's spending half his time in Sydney and is comforted that the family GP is confident Miyo is getting very good care.

"My mother has friends, is still able to see her neighbour of 30 years, can garden and maintain her links into her past. Even though the people who care might change, the environment doesn't, and I can see that makes a tremendous difference to her wellbeing."

"Many of my peers live far from their ageing parents and accessing quality care for them is a real challenge. I'm convinced of this model." JILL MARGO



Atsushi Shibaoka's mother, Miyo, just after her diagnosis last year.